

Case Number:	CM15-0133476		
Date Assigned:	07/21/2015	Date of Injury:	02/04/2013
Decision Date:	08/17/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70 year old female, who sustained an industrial injury on February 4, 2013. The injured worker was diagnosed as having cervical and lumbar radiculitis and radiculopathy, chronic pain and status post carpal tunnel release. Treatment to date has included acupuncture, physical therapy, trigger point injections and medication. A progress note dated May 18, 2015 provides the injured worker complains of neck pain radiating down the shoulders to the hands and spasms. She also has back pain that radiates down the legs. She rates the pain 7- 8/10 with medication and 9/10 without medication and worse since her last visit. Physical exam notes cervical spasm and tenderness with painful decreased range of motion (ROM). There is tenderness of the right wrist on palpation. Review of magnetic resonance imaging (MRI) studies revealed cervical disc bulges. There is a request for epidural steroid injection, Orphenadrine, omeprazole, Gabapentin, Diclofenac ER, Senokot and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral C4-6 cervical epidural under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for review the neck and back pain. An MRI of the cervical spine and May 2013 had shown findings of disc bulging without report of neural compromise. Physical examination findings included decreased cervical spine range of motion with spinal and trapezius muscle tenderness. There was decreased bilateral upper extremity strength. Medications were refilled including orphenadrine ER which was being prescribed on a long-term basis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no imaging or electrodiagnostic findings that corroborate a diagnosis of cervical radiculopathy. The requested epidural steroid injection is not considered medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65 Page(s): 63, 65.

Decision rationale: The claimant sustained a work injury in February 2013 and is being treated for review the neck and back pain. An MRI of the cervical spine and May 2013 had shown findings of disc bulging without report of neural compromise. Physical examination findings included decreased cervical spine range of motion with spinal and trapezius muscle tenderness. There was decreased bilateral upper extremity strength. Medications were refilled including orphenadrine ER which was being prescribed on a long-term basis. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no imaging or electrodiagnostic findings that corroborate a diagnosis of cervical radiculopathy. The requested epidural steroid injection is not considered medically necessary.